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S&amp;H Form: (02/05)

<b>REPLY/AMENDMENT FEE TRANSMITTAL</b>		Attorney Docket No.	1506.1040		
		Application Number	10/784,931		
		Filing Date	February 25, 2004		
		First Named Inventor	Masanobu TORII		
		Group Art Unit	3736		
AMOUNT ENCLOSED	450.00	Examiner Name	Ahmed, Mohamed Mahmoud		
<b>FEE CALCULATION (fees effective 12/08/04)</b>					
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	7	- 20 =	0	X \$ 50.00 =	\$ 0.00
INDEPENDENT CLAIMS	3	- 3 =	0	X \$ 200.00 =	0.00
Since an Official Action set an <u>original</u> due date of <u>January 16, 2007</u> , petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$120)); (2 months (\$450)); (3 months (\$1,020)); (4 months (\$1,590)); (5 months (\$2,160));					450
If Notice of Appeal is enclosed, add (\$500.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations =					\$ 450.00
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					
TOTAL FEES DUE =					\$ 450.00
(1) If entry (1) is less than entry (2), entry (3) is "0". (2) If entry (2) is less than 20, change entry (2) to "20". (4) If entry (4) is less than entry (5), entry (6) is "0". (5) If entry (5) is less than 3, change entry (5) to "3".					
<b>METHOD OF PAYMENT</b>			<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b>		
<input type="checkbox"/> Check enclosed as payment. <input checked="" type="checkbox"/> Charge "TOTAL FEES DUE" to the Deposit Account No. below. <input type="checkbox"/> No payment is enclosed.			I hereby certify that this correspondence is being transmitted via facsimile to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on <u>March 16, 2007</u> STAAS & HALSEY By: <u>[Signature]</u> Date: <u>March 16, 2007</u>		
<b>GENERAL AUTHORIZATION</b>					
<input checked="" type="checkbox"/> If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to: Deposit Account No. <u>19-3935</u> Deposit Account Name <u>STAAS &amp; HALSEY LLP</u>					
<input checked="" type="checkbox"/> The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.					
SUBMITTED BY: STAAS & HALSEY LLP					
Typed Name	David E. Moore		Reg. No.	59,047	
Signature	<u>[Signature]</u>		Date	03/16/07	

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